

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. * 09/714663 APPLICANT(S) | FILING DATE 11/17/00 |
|--|------|---------------------|------|---------------------|------|---|-------------------------|
| 12-21-01 9-29-04 CLAIMS | | | | | | | |
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